ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

## **Hospital: Cameron Memorial Community Hospital**

Year: 2004 City: Angola Peer Group: Small

**Statement One: Summary of Revenue and Expenses** 

1. Gross Patient Service Revenue				
Inpatient Patient Service Revenue	\$9,828,110			
Outpatient Patient Service Revenue	\$37,050,098			
Total Gross Patient Service Revenue	\$46,878,208			
2. Deductions from Re	evenue			
Contractual Allowances	\$15,532,979			
Other Deductions	\$390,598			
Total Deductions	\$15,923,577			
3. Total Operating Revenue				
Net Patient Service Revenue	\$30,954,631			
Other Operating Revenue	\$1,995,189			

4. Operating Expenses				
Salaries and Wages	\$10,898,403			
Employee Benefits and Taxes	\$4,724,492			
Depreciation and Amortization	\$1,338,762			
Interest Expenses	\$574,615			
Bad Debt	\$2,446,991			
Other Expenses	\$10,266,651			
Total Operating Expenses	\$30,249,914			
5. Net Revenue and Exp	enses			
Net Operating Revenue over Expenses	\$2,699,906			
Net Non-operating Gains over Losses	\$45,000			
Total Net Gain over Loss	\$2,744,906			

Total Operating Revenue	\$32,949,820
-------------------------	--------------

6. Assets and Liabilities			
Total Assets	\$30,687,149		
Total Liabilities	\$30,687,149		

Statement Two: Contractual Allowances				
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue	
Medicare	\$15,469,809	\$8,192,747	\$7,277,062	
Medicaid	\$4,219,039	\$2,974,276	\$1,244,763	
Other State	\$0	\$0	\$0	
Local Government	\$0	\$0	\$0	
Commercial Insurance	\$27,189,360	\$4,756,554	\$22,432,806	
Total	\$46,878,208	\$15,923,577	\$30,954,631	

Statement Three: Unique Specialized Hospital Funds				
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment	
Donations	\$45,000	\$0	\$45,000	

Educational	\$19,772	\$90,327	(\$70,555)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involve	d in education
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	308
Number of Citizens Exposed to Health Education Message	4,794

# Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Steuben	Community	Steuben County
Location		Served	

#### **Hospital Mission Statement**

"To be a major provider of a wide range of health services to the people of Steuben County and the surrounding areas. These services are to be provided in the spirit of charity, concern, and excellence".

Unique Services Type of Initi		Type of Initiative	S	Document Availa	able
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	NO	Practitioner Education	No	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1996

#### Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	501	488	628
Charity Care Allocation	(\$345,558)	(\$305,359)	(\$390,598)

#### Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Community Health	(\$68,314)

**Summary of Unreimbursed Costs of Charity Care, Government** 

### **Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients	(\$746,331)
unable to pay, to patients covered under government	
funded programs, and for medical education, training.	
2. Community Health Education	(\$68,314)
3. Community Programs and Services	(\$68,314)
4. Other Unreimbursed Costs	(\$90,153)
5. Total Costs of Providing Community Benefits	(\$973,112)

#### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: David Cholger

Telephone number: 260/665-2141

Web Address Information: www.cameronmch.com

# ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	268	225
2. % of Salary	Salary Expenses divided by Total Expenses	36.0%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	9.7	15.8
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.6	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,270	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$7,362	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	79.0%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,467	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	33.0%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.1%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$164,051)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.2	3.1

### Notes:

- NR = Not Reported
   See Statewide Results for definitions of terms.